

Combined Declaration For Patent Application
(Includes Reference to PCT International Application)

on and Power of Attorney (Continue)

ATTORNEY'S DOCKET NUMBER
OMRF143 CIP

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS		STATUS (Check one)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
08/268,809	30 June 1994		X	
PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)		

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Patrea L. Pabst - Reg. No. 31,284
Madeline I. Johnston - Reg. No. 36,174

Send Correspondence to: Patrea L. Pabst, Esq.
Arnall Golden & Gregory LLP
2800 One Atlantic Center
1201 W. Peachtree Street
Atlanta, Georgia 30309-3450

Direct Telephone Calls to:
(name and telephone number)
Patrea L. Pabst
(404) 873-8794

FULL NAME OF INVENTOR 107	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
FULL NAME OF INVENTOR 207	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
FULL NAME OF INVENTOR 307	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE

Combined Declaration For Patent Application
(Includes Reference to PCT International Application)

tion and Power of Attorney (Continued)

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U.S. APPLICATIONS		STATUS (Check one)		
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08/268,809	30 June 1994		X	
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PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)		

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Patrea L. Pabst - Reg. No. 31,284

Madeline I. Johnston - Reg. No. 36,174

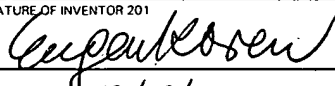
Send Correspondence to: Patrea L. Pabst, Esq.
Arnall Golden & Gregory LLP
2800 One Atlantic Center
1201 W. Peachtree Street
Atlanta, Georgia 30309-3450

Direct Telephone Calls to:
(name and telephone number)

Patrea L. Pabst
(404) 873-8794

201	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
		Koren	Eugen	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		San Francisco CA	California	United States
	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
		600 Chestnut St., #203	San Francisco California 94133	
202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
		Koscec	Mirna	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Oklahoma City	Oklahoma	Croatia
	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
		Apt. D 12418 Trail Oak Drive	Oklahoma City Oklahoma 73120	
203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
		
DATE	DATE	DATE
12/12/96		

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Application)

APPLICATION AND POWER OF ATTORNEY

ATTORNEY'S DOCKET NUMBER

OMRF143 CIP

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Antibodies to Lipoproteins and Apolipoproteins and Methods of Use Thereof

the specification of which (check only one item below):

☐ is attached hereto.

☐ was filed as United States application

Serial No. _____

on _____

and was amended

on _____ (if applicable).

☒ was filed as PCT international application

Number PCT/US95/08331

on 30 June 1995

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
PCT	PCT/US95/08331	30 June 1995	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Applicant or Patentee: Eugen Koren and Mirna Koscec

Serial or Patent No.:

Attorney's
Docket No:
OMRF143 CIP

Filed or Issued: Herewith

For: Antibodies to Lipoproteins and Apolipoproteins and
Methods of Use Thereof

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(d)) - NONPROFIT ORGANIZATION

I hereby declare that I am an official empowered to act on behalf of the nonprofit
organization identified below:

NAME OF ORGANIZATION: Oklahoma Medical Research
Foundation

ADDRESS OF ORGANIZATION: 825 N.E. Thirteenth Street
Oklahoma City, Oklahoma 73104

TYPE OF ORGANIZATION

☐ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION

☐ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE
(26 USC 501(a) and 501(c)(3))

☒ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE
OF STATE OF THE UNITED STATES OF AMERICA

☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE
SERVICE CODE (26 USC 501(a) and 501(c)(3) IF LOCATED
IN THE UNITED STATES OF AMERICA

☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL
UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA
IF LOCATED IN THE UNITED STATES OF AMERICA

(NAME OF STATE:)

(CITATION OF STATUTE:)

I hereby declare that the nonprofit organization identified above qualifies as a
nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under

section 41(a) and (b) of Title 35, United States Code with regard to the invention entitled "Antibodies to Lipoproteins and Apolipoproteins and Methods of Use Thereof" by inventors Eugen Koren and Mirna Koscec described in the specification filed herewith.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above-identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

***NOTE:** Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME: _____
ADDRESS: _____ []
INDIVIDUAL [] SMALL BUSINESS CONCERN [] NONPROFIT ORG.
NAME: _____
ADDRESS: _____ []
INDIVIDUAL [] SMALL BUSINESS CONCERN [] NONPROFIT ORG.

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that

these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: William G. Thurman

TITLE IN ORGANIZATION: President

ADDRESS OF PERSON SIGNING: 825 N.E. Thirteenth Street, Oklahoma City, OK 73104

William G. Thurman 12-13-96
SIGNATURE DATE